Name in Full — Certificate of Death

Richard Allen Blake

Town: Kennedyville — County: Kent — MARYLAND

Died at

Date 1899 — Month / Day: Feb 28 — Age: Y. 70 yrs about M. D. — Native of: Kent Co. Md — Occupation: Laborer

Male / ~~Female~~ — ~~White~~ / Colored — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~

Number of children living 5

Husband / ~~Wife~~ of Eliza Blake.

Father's Name —

Mother's Name —

147

Cause of Death — Primary: Gangrene of feet after freezing. — How long sick: about 2 weeks

Immediate: Exhaustion & asthma.

~~Accident, Suicide, Homicide~~

Reported by G. B. Barwick M.D.

Address Kennedyville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Nathan Brooks

Died at Town St. Pond County Kent Co MARYLAND

Date 1899 Month Feb Day 14 Age Y. M. D. 3 2 Native of Kent Co Md Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Nathan Brooks Mother's Name Amelia Brooks

Cause of Death Primary Dropsy 155a How long sick one week.

Immediate Accident, Suicide, Homicide

Reported by Wm H Krusen Undertaker

Address Still Pond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79706

Attended by Dr. Dr. Ulrich

of

Seen by Coroner

of

Information contained in this certificate was received from Nathan Brooks

of Still Pond.

Name in Full Eucalene Brown

Certificate of Death

Died at Town Pomona County Kent. MARYLAND

Date 1899 Month Feby Day 1. Age Y. 99 M. D. Native of Kent Co. Occupation Mus.

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Carmt. Ing

Mother's Name Carmt Ing.

Cause of Death Primary Pneumonia 72 How long sick 8 days.

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Rev St Wheaton

Address Rectortown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name in Full: Wilbur J. Coleman

Certificate of Death

Died at — Town: Lankford — County: Kent. — MARYLAND

Date 189 9 — Month: Feby — Day: — Age: Y. 5 M. D. — Native of: Md — Occupation:

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / Number of children living: 5

Husband / Wife of

Father's Name: Jas R. Coleman — Mother's Name: L. M. Coleman.

Cause of Death — Primary: Membrane Croup 8b — Immediate: Exhaustion

How long sick: 12 hours

~~Accident, Suicide, Homicide~~

Reported by: Chas W Whaland

Address: Chester Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full | Certificate of Death

Howard Nelson Cox

Died at Town: Galena County: Kent MARYLAND

Date 1899 Month: 2 Day: 24 | Age Y. M. D.: 1 2 | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of ~~children living~~

Husband of Wife

Father's Name: John T. Cox | Mother's Name: Verma Della Culley

Cause of Death: Primary: Capillary Bronchitis | How long sick

Immediate: 71 | Accident, Suicide, Homicide

Reported by: Edward A Scott, M.D.

Address: Galena, Kent. Co., Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65368

Name in Full: Lillian M Dickerson

Certificate of Death

Died at: Town: Pomona. County: Kent. MARYLAND

Date 1899 Month: Feby Day: 15 Age Y. 23 M. D. Native of: Kent. Co. Occupation: None.

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living: 2

Husband / Wife of: John W Dickerson

Father's Name: John W Dickerson Mother's Name: Laura L. Day

Cause of Death: Primary: Erysipelas 125 How long sick: 2 weeks

Immediate: Conjestion Brain & Womb Accident, Suicide, Homicide

Reported by: ~~Kesbitown Md~~ A W Whaland M D

Address: Kesbitown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Nonlaw Dickerson

Certificate of Death

Died at Town Pimmia County Kent. MARYLAND

Date 1899 Month Feb. Day 14 Age Y. M. D. 5. Native of Kent Co. Occupetion

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ 2

Husband of Wife

Father's Name John W Dickerson Mother's Name Lillian M Dickerson

Cause of Death Primary Premature Birth How long sick

Immediate Exhaustion 138 ~~Accident, Suicide, Homicide~~

Reported by Chas W Shaland MD

Address Chestertown Maryland

Must be signed by physician, if any in attendance, otherw[illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 6596R

Name in Full William Duncan.

Certificate of Death

Died near Town Lynchs County Kent- MARYLAND

Date 1899. Month 2 Day 12 | Age Y. 79 M. D. | Native of Md. | Occupation Farm Laborer.

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living none

Husband ~~Wife~~ of Harriet Duncan

Father's Name Don't Know

Mother's Name Don't Know

Cause of Death: Primary Chronic Brights Dis. — How long sick 3 years.

Immediate Heart Failure. 97 — ~~Accident, Suicide, Homicide~~

Reported by Wm. S. Maxwell, M.D.

Address Still Pond. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full

Ann Linn

Certificate of Death

Died at Town: Chestertown County: Kent MARYLAND

Date 189 Month 9 Day 8 | Y. 6 M. 0 D. 0 | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Kent News 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70288

Name in Full: Stephen M. Kendall

Certificate of Death

Died at Town: Edesville County: Kent MARYLAND

Date 189 Month: Feb Day: 6 | Age Y. 57 M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living Three

Husband / Wife of Henretta Rebecca Birch

Father's Name Stephen Kendall

Mother's Name Sarah Kendall

Cause of Death: Primary

Immediate Angina Pectoris 5-8

How long sick

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by L. R. Willson

Address Edesville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full — Latham

Certificate of Death

Died at Town Worton County Kent MARYLAND

Date 1899 Month 2 Day

Age Y. M. D. Infant

Native of

Occupation

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband / Wife of

Father's Name Harry Latham

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Chestertown Transcript

Address 2-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full Sarah A Meginnis

Certificate of Death

Died at Town Millington County Kent Co MARYLAND

Date 1899 Month Febry Day 2 Age Y. 79 M. D. Native of Md. Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living three

Husband of Wife Turbite Meginnis

Father's Name Stephen Boyer Mother's Name Maria Boyer

Cause of Death Primary nervous debility accom old age How long sick about 2 years

Immediate Paralysis 44 ~~Accident, Suicide, Homicide~~

Reported by E. J. Clark

Address Millington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mrs Lizzie Moore.

Died at Town Bellerton County Kent- MARYLAND

Date 1899 Month 2 Day 15 | Age Y. 67 M. D. | Native of | Occupation Housewife.

~~Male~~ Female | White Colored | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband / Wife of Wm Moore.

Father's Name William Crew | Mother's Name Sallie Crew.

Cause of Death: Primary — Immediate Paralysis. 44

How long sick 5 days.

~~Accident, Suicide, Homicide~~

Reported by Wm. S. Maxwell. M.D.

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R

Name in Full

Certificate of Death

Richard Pierce

Died at Town: Chestertown County: Kent — MARYLAND

Date 1899 Month: 3 Day: 21 | Age Y.: 64 M.: D.: | Native of | Occupation: Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living: None

Husband / Wife of Sarah Leland

Father's Name: John Pierce | Mother's Name: Mary

Cause of Death — Primary: Syphilis, 24 | How long sick: Two weeks

Immediate: Cranial Tumor | ~~Accident, Suicide, Homicide~~

Reported by: G. W. Simmons M. D.

Address: Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Infant Robinson

Died at Town: Still Pond County: Kent Co MARYLAND

Date 1899 Month: Feb Day: 9 | Age Y. x M. x D. 5 | Native of U S. | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children~~ living

Husband / Wife of —

Father's Name: John W. Robinson | Mother's Name: Josephine Robinson

Cause of Death: Primary 161 | How long sick 5 days

Immediate ~~Measles~~ —

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm H Kreuzer Undertaker

Address Still Pond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. W. S. Maxwell

of Still Pond Md

Seen by Coroner

of

Information contained in this certificate received from J. W. Robinson - Father

of St. Pl Pond Md.

Name in Full

Certificate of Death

Still Born Baby

Town: Still Pond

County: Kent Co

Died at

MARYLAND

Date 189 Month: Feb Day: 16. 94

Age: Y. M. D.

Native of

Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Ellis W. Scarborough

Mother's Name: Alice S. Isley

Cause of Death — Primary: 161

How long sick

Immediate

~~Accident, Suicide, Homicide~~

Reported by: Wm H Knowles Undertaker

Address: Still Pond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr. J. W. Urie M.D.
Still Pond
Md

Name in Full Samuel E. T. Starth

Certificate of Death

Died at Town Broad Neck County Kent MARYLAND

Date 189 Month 2 Day 19 | Age Y. 37 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Consumption 22a — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Chestertown Enterprise

Address 2-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Mrs. Anna Smith Wallis

Certificate of Death

Died at Town Georgetown County Kent MARYLAND

Date 1899 Month 2 Day 16

Age Y. M. D.

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living

~~Husband~~ Wife of Arthur J. Wallis

Father's Name Rev. Smith

Mother's Name

Cause of Death: Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Transcript Obituary

Address 3-2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 798 13